

Environmental Issues Committee
Meeting Minutes
July 25, 2002

The primary focus of this meeting was an assessment of how well the state and county health departments in Maryland are doing in developing programs to prevent environmental cancers through citizen education and identification of environmental causes of cancer.

Dr. Katherine Farrell of the Anne Arundel County Health Department provided a review of cancer prevention activities in Anne Arundel County that were first initiated as part of their general cancer prevention program in 1991 in response to public concern that cancer death rates in Maryland and Anne Arundel County were very high. Studies initiated in 1993 included a characterization of radon levels in homes in different parts of the county. This study helped in targeting outreach programs to specific populations within the county. In 1994, a group of concerned citizens who felt that environmental risks were not being adequately identified formed a task force that worked with county officials. Both the citizens and the county learned a great deal about working with each other through this task force, which concluded from its work that tobacco use, high fat diets and late detection were primary causes of the high cancer rates. Based on their work, environmental cancer risks appeared to account for about 5% of all cancer deaths, however exposure assessments were limited by lack of monitoring data for chemical and radiological hazards. Statistical clusters remained unexplained, for they couldn't be related to known hazardous waste sites or other areas of known contamination. The task force recommended more monitoring of private wells for chemical and radiological contamination. In follow-up, a well water survey was conducted on 100 wells in the county, which showed almost no contamination by man-made chemicals. Radium in well water was found above levels of concern in the northern part of the county. However, there was no association with cancers normally associated with radium exposure (e.g. bone cancer). MDE was involved in this study, as well as the MD Geological Survey and EPA. As a result of this study, MDE created new requirements for drilling wells. MDE and the county learned a great deal about how to inform and educate citizens about risks of radium exposure and what to do to limit their exposures and thus their cancer risk. Town meetings, fact sheets and the news media were useful tools.

Other programs initiated by Anne Arundel County were grouped together in the "Learn to Live" program, a comprehensive social marketing approach. One example is "Girls Night Out," an educational program for the promotion of screening for early detection of breast and cervical cancers. Reducing tobacco use is also a primary focus for the county, particularly in school age children.

The county responds to citizen requests to examine "cancer clusters" in a limited way. Generally, a request is handled very simply by using the Cancer Registry to find out what the rate for the type of cancer of concern is in the zipcode of interest. Most often a response back to the person making the inquiry is sufficient to allay their concerns. It is an educational opportunity. Every now and then, however, a cluster request becomes more involved. For example, a childhood leukemia study was conducted in Londontown. This study included water sampling and involved many agencies within the state government. No

one agency had sufficient resources to carry out the study. Why did this particular cluster request receive so much attention? In part, because it wasn't handled right away and public concern grew. The delay was due to the fact that the cancer registry isn't very good for childhood cancers; spatial analysis for very small number cancer clusters is a new field of study; and it was difficult to find experts in academia or elsewhere to help. A recommendation was made that a contingency plan for responding to citizen concerns regarding possible cancer clusters should be developed. The standard protocol should include: 1) a contact person at each of the local universities and 2) the availability of contingency resources.

A general discussion stemming from Dr. Farrell's report included the following recommendations:

- ◆ The link between research and practice needs to be closed. This used to be one of Maryland's strengths.
- ◆ Funding should be made available for faculty support at local universities to facilitate collaborations.
- ◆ The importance of nutritional issues, such as dietary fiber, maintenance of a healthy weight and regular physical activity as means for cancer prevention was stressed. Ethnic and racial disparities exist in nutrition especially, including low protein, high fat diets and low calcium intake in children.
- ◆ Disparities in cancer risk among populations also include inequity in access to health care, including cancer screening; and lack of knowledge of risk reduction strategies due to difficulties in getting messages into minority communities.
- ◆ Workplace regulation of carcinogen exposures needs to be strengthened, including the regulation of tobacco smoke that is reluctantly enforced, if at all.
- ◆ Role of infectious diseases in cancer needs greater recognition and attention. For example, there should be a concentrated effort to develop a vaccine for the human papilloma virus. The role of helicobacter pylori in stomach cancers and hepatitis viruses in liver cancers should also receive greater attention.
- ◆ The Cancer Council should include primary prevention in its planning process to ensure that environmental as well as life style issues receive appropriate attention.

John Verrico, Director of the Office of Communications of MDE briefly discussed what does and doesn't work when releasing information on environmental issues to the public, using the recent fish consumption advisories as an example. Past experience has shown that complex press releases don't work. It is best to talk ahead of time with members of the press and key groups of citizens to explain the issues, and to go through local groups such as faith-based communities, to get the word out.